

# 77-908
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PTO/SB/21 (08-00)

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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

		Application Number	09/844,291
		Filing Date	April 27, 2001
		First Named Inventor	Richard J. Hibbard
		Group Art Unit	2100
		Examiner Name	
Total Number of Pages in This Submission	8	Attorney Docket Number	28945-042

ENCLOSURES (check all that apply)

<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment / Reply	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input checked="" type="checkbox"/> Petition Request for Withdrawal as Attorney or Agent	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
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<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application		
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Anthony C. Coles, Reg. No. 34,139 Proskauer Rose, LLP 1585 Broadway, New York, NY 10036
Signature	
Date	October 31, 2002

CERTIFICATE OF MAILING

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Typed or printed name	Silvia Salvadori		
Signature		Date	October 31, 2002

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PTO/SB/83 (03-02)

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**REQUEST FOR WITHDRAWAL
AS ATTORNEY OR AGENT**

Application Number	09/844,291
Filing Date	April 27, 2001
First Named Inventor	Richard J. HIBBARD
Group Art Unit	2152
Examiner Name	
Attorney Docket Number	28945-042

To: Assistant Commissioner for Patents
Washington, DC 20231

I hereby apply to withdraw as attorney or agent for the above identified patent application.

The reasons for this request are:

**The Applicant and assignee have failed to pay one or more bills rendered
by the appointed attorneys for an unreasonable amount of time.**

**The undersigned is authorized to sign the request on behalf of the attorneys/agent listed on the
attached sheet.**

The patent owner has been notified of the withdrawal.

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OR

<input checked="" type="checkbox"/> Firm or Individual Name	Mr. Dennis Joyce			
Address	Fortress Technologies, Inc.			
Address	4025 Tampa Road, Suite 1111			
City	Oldsmar	State	FL	ZIP USA <i>34677</i>
Country	USA			
Telephone	1.813.288.7388	Fax	1.813.288.7389	

This request is made on behalf of myself and
 all the attorneys/agents of record,
 the attorneys/agents (with registration numbers) listed on the attached paper(s), or
 the attorneys/agents associated with Customer Number _____

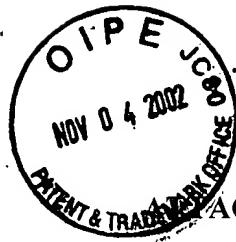
This request is enclosed in triplicate (including any attachments).

Name	Anthony C. Coles
Signature	
Date	Oct 31, 2002

NOTE: Withdrawal is effective when approved rather than when received.

Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.

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ATTACHMENT WITH LIST OF ATTORNEYS (WITH REGISTRATION NUMBERS)

PROSKAUER ROSE, LLP
1585 Broadway
New York, NY 10036

Charles Guttman, Reg. No. 29,161;

Kenneth Rubenstein, Reg. No. 30,586;

Evan L. Kahn, Reg. No. 35,912;

Anthony C. Coles, Reg. No. 34,139;

Gregg I. Goldman, Reg. No. 38,896;

Rachel S. Watt, Patent Agent, Reg. No. 46,186;

Manuel C. Nelson, Reg. No. 44,969;

Tzvi Hirshaut, Reg. No. 38,732; and

Mitul Desai, Reg. No. 46,661.